THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003869
STATE FILE NUMBER

JAN 19 195 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY: St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond Heights — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.Mary's Hospital — Length of stay in 1b: 25 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St.Louis
c. CITY OR TOWN: Richmond Heights 4485 — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1602 Bellevue — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Ellen Middle: L Last: Kenney

4. DATE OF DEATH Month Day Year: January 9th.1959

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 6-4-1896

9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 7 Days 5 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary

10b. KIND OF BUSINESS OR INDUSTRY: Sec.Vice Pres.

11. BIRTHPLACE (City and state or country): St.Louis Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawrence Kenney

14. MOTHER'S MAIDEN NAME: Ellen O'Hearn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 497-18-5708

17. INFORMANT Address: Margaret Kenney 1602 Bellevue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bacteremia — INTERVAL BETWEEN ONSET AND DEATH: 15 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Staph. Parotitis — 25 "
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Ca of Endometrium 537X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 20/58 to Jan 9/59 and last saw her/him alive on 1/8/59
Death occurred at 4:00 A M on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE (Degree or title): [illegible]

22b. ADDRESS: 3720 Washington

22c. DATE SIGNED: 1/9/59

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 1-12-1959

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis Missouri

24. FUNERAL DIRECTOR: Arthur J. Donnelly — ADDRESS: 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG.: 1-9-59

26. REGISTRAR'S SIGNATURE: John A. Murphy MD Jr

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

11-12

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Francis William

Licensed Embalmer No..3

P. O. Address 3840

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.